

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:403
ANSWERED ON:18.12.2002
NATIONAL HEALTH POLICY
Y.G. MAHAJAN

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government have formulated a New Health Policy, 2002;
- (b) if so, the details and salient features thereof;
- (c) whether the Government have fixed any targets under National Health Policy, 2002;
- (d) if so, the details thereof; and
- (e) the points emphasised in the above policy for promoting Indian System of Medicine in the country?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA)

(a)to(e): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 403 FOR 18.12.2002

(a)&(b): Yes, Sir. National Health Policy - 2002 was announced by Government during April, 2002. The main objective of the new policy is to achieve an acceptable standard of good health amongst the general population of the country. The approach would be to increase access to the decentralized public health system by establishing new infrastructure in deficient areas and by upgrading the infrastructure in the existing institutions. The new policy covers all aspects of health care such as financial resources; equity; delivery of national public health programmes; health infrastructure; role of private sector, local self-government institutions and NGOs; health education and manpower; health research; quality control of drugs and food; disease surveillance, impact of globalization on the health sector, etc. The Policy prescription are at Annexure- I.

(c)&(d): Details of the targets under National Health Policy are at Annexure-II.

(e) Although the main components of NHP-2002 apply equally to the alternative systems of medicines, a separate National Policy on Indian Systems of Medicine & Homoeopathy has been announced by the Government to provide focused emphasis on this system.

Annexure-I

POLICY PRESCRIPTIONS AT A GLANCE NHP - 2002

Financial Resources

Ã° Increase health sector expenditure from 5.2% as at present to 6% of GDP with the Govt. contribution increasing from 0.9% as at present to 2% by 2010.

Ã° Increase health sector expenditure by States from 5.5% to 7% of their budget by 2005 and further to 8% by 2010.

Ã° Increase Central Govt. contribution to health from 15% to 25% by 2010.

Equity

- ° Increase sectoral outlay in the primary health sectors
- ° 55% -Primary
- ° 35% -Secondary
- ° 10% -Tertiary

Delivery of National Public Health Programmes

- ° Key role of the Central Govt. in
 - ° Designing national programmes
 - ° Providing financial resources
 - ° Providing technical support
 - ° Monitoring and evaluation
 - ° Ownership of the programmes by State Govts
- ° Gradual merge all health programmes under a single field administration; However, vertical programmes for control of major diseases like TB, Malaria, HIV/AIDS as also RCH and Universal Immunization Programme to continue till moderate levels of prevalence are reached.
- ° Programme implementation to be done by autonomous state and district level bodies for greater flexibility.

The State of Public Health Infrastructure

- ° Revive primary health system by providing essential drugs under Central Govt. funding through decentralized system.
- ° Have frequent in-service training of public health medical personnel to update them on recent advancements in science.
- ° Need for levying user charges for certain secondary and tertiary public health care services for those who can afford to pay.

Extending Public Health Services

- ° Expand the pool of medical practitioners
- ° Examine increasing the scope of use of paramedical manpower of allopathic disciplines after adequate training and subject to monitoring of performance
- ° Simplify state recruitment procedures and rules for contract employment.

Role of Local Self- Govt. Institutions

- ° Decentralize implementation of various programmes to local self Government institutions by 2005.
- ° To achieve this financial incentives to be provided by the Centre.

Norms for Health Care Personnel

- ° Introduce minimum statutory norms for deployment of doctors and nurses under the purview of Indian Medical Council and Indian Nursing Council Acts respectively
- ° Progressively review the norms to make them more stringent as the capacity of medical institutions improve.

Education of Health Care Professionals

- ° Set up a Medical Grants Commission for funding new and upgrading existing Govt. Medical and Dental Colleges.
- ° Modify existing curriculum to make it need based and skill oriented.

Ã° Expose UG students to geriatrics, frontier disciplines of medical research; create additional seats for deficient specialities.

Need for specialists in `Public Health` and `Family Medicine`

Ã° Progressively raise the proportion of PG seats in `public health` and `family medicine` disciplines to reach 1/4th of the total seats.

Ã° Encourage specialisation in public health both for medical doctors and non-medical graduates from allied fields.

Nursing Personnel

Ã° Improve the ratio of nurses vis-à-vis doctors/beds.

Ã° Improve the skill level of nurses and increase the ratio of degree holding nurses vis-à-vis diploma holding nurses.

Ã° Central Govt. to subsidize the setting up and the running of, training facility for nurses on a decentralized basis.

Ã° Establish training courses for super-speciality nurses required for tertiary care institutions.

Use of Generic Drugs and Vaccines

Ã° For cost effective public health care treatment regimes to be normally based on a limited number of essential drugs which would need a periodic review.

Ã° In the interest of long term national health security, not less than 50% of the requirement of vaccines/sera should be met from public sector institutions.

Urban Health

Ã° Set up an organised two-tiered urban primary health care structure with appropriate population norms.

Ã° Funding for the urban Primary Health Care system to be jointly borne by local self-Govt. institutions, State and Central Govts.

Ã° Establish fully equipped, trauma-care network in large urban settings.

Mental Health

Ã° Establish a network of decentralised mental health services for taking care of common mental dis-orders.

Ã° Upgrade physical infrastructure of mental institutes at Central Govt. expense.

Information, Education and Communication

Ã° Disseminate information through specific modules to those population groups which cannot be effectively reached through the mass-media only.

Ã° Set specific targets for association of PRIs/NGOs/Trusts in such activities and evaluate their performance.

Ã° Evolve specially designed modules in the curriculum of schools and colleges to disseminate `health` and `family life` information.

Health Research

Ã° Increase Govt. expenditure on medical research to a level of 1% of total health spending by 2005 and thereafter to 2% by 2010.

Ã° Encourage private entrepreneurship in this field for developing new molecules

Role of the private sector

Ã° Welcomes participation of private sector in all areas of health activities - primary, secondary or tertiary.

Ã° Enact suitable legislation for regulating minimum infrastructure and quality standards by 2003 in clinical/medical institutions.

Ã° Develop statutory guidelines for the conduct of clinical practice and delivery of medical services.

Ã° Set up private insurance instruments for increasing coverage under secondary and tertiary sectors.

Ã° Introduce a pilot scheme of social health insurance in a few representative districts to determine the requirements of resources both physical and financial. Success stories could be replicated.

Role of the civil society

• Earmark not less than 10% of the budget of various disease control programmes to be implemented through NGOs and other institutions of civil societies.

National Disease Surveillance Network

• Fully operationalise an integrated disease control network from the lowest level of administration to the Central Government by 2005.

• Install data based handling hardware, have IT inter- connectivity between tiers and in- house training for data collection and interpretation.

Health Statistics

• Complete base-line estimates for the incidence of common diseases by 2005; periodically update these estimates, using appropriate statistical methodology.

• In the long run, establish base-line estimates for non- communicable diseases and other communicable diseases

• Establish national health accounts to enable policy makers to focus on relative priorities.

Women`s health

• Identify specific programmes targeted at women`s health to facilitate increased access of women to basic health care. Highest priority to be given by Central Govt. to the funding of such programmes.

• Review the staffing norms of public health administration to meet the specific requirements of this group.

Medical Ethics

• Notify code of ethics to be rigorously implemented by Medical Council of India to ensure that the common patient is not exploited.

• Keep a vigilant watch on the clinical trials of gene manipulation and stem cell research and develop appropriate guidelines and statutory provisions when necessary.

Enforcement of quality standards for food and drugs

• Strengthen food and drug administration, both in terms of laboratory facilities and technical expertise.

• Progressively tighten standards of food items in order to have necessary technology upgradation required in the competitive environment.

• Ensure that food standards are close to Codex specification and drug standards at par with those adopted world wide.

Regulation of standards in para-medical disciplines

• Establish statutory professional councils for para medical disciplines to register practitioners, maintain standards of training and monitor performance.

Environmental and occupational health

• Reduce health risk to the citizens by smoothly interfacing the policies of the environment related sectors with those of the health sector.

• Have periodic screening of health conditions of workers, particularly those in high risk industries.

Provide medical facilities to users from over-seas

• Provide health services on commercial basis to over-seas patients.

• Encourage service providers by providing fiscal incentives to all their earnings in foreign exchange

Impact of globalization on the health sector

° Protect the citizens from the possible threat to health security in the post TRIPS era, arising as a result of sharp increase in prices of drugs and vaccines.

° Establish a national patent regime which enables affordable access to the latest medical and therapeutic discoveries.

° Govt. to secure commitments world-wide to tone down the restrictive features of TRIPS in its application to the health care sector.

Annexure-II

Goals to be achieved by 2000-2015

O	Eradicate Polio and Yaws	2005
O	Eliminate Leprosy	2005
O	Eliminate Kala Azar	2010
O	Eliminate Lymphatic Filariasis	2015
O	Achieve Zero level growth of HIV/AIDS	2007
O	Reduce Mortality by 50% on account of TB, Malaria and Other Vector and Water Borne diseases	2010
O	Reduce Prevalence of Blindness to 0.5%	2010
O	Reduce IMR to 30/1000 And MMR to 100/Lakh	2010
O	Increase utilization of public health facilities from current Level of <20 to >75%	2010
O	Establish an integrated system of surveillance, National Health Accounts and Health Statistics.	2005
O	Increase health expenditure by Government as a % of GDP from the existing 0.9 % to 2.0%	2010
O	Increase share of Central grants to Constitute at least 25% of total health spending	2010
O	Increase State Sector Health spending from 5.5% to 7% of the budget	2005
	Further increase to 8%	2010